

# NORTH HAMPTON RECREATION

## 2007 SUMMER REC CAMP REGISTRATION FORM

### Adult or Responsible Party Information

Father's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell/Pager \_\_\_\_\_ Email: \_\_\_\_\_

### Person to contact in case of emergency other than parent:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Cell /Pager \_\_\_\_\_

### Participant #1

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M/F \_\_\_\_\_ DOB \_\_\_\_\_

Grade attending in Fall \_\_\_\_\_ School \_\_\_\_\_

Please list any physical limitations/restrictions that may better service the participant \_\_\_\_\_

My child: IS a good swimmer \_\_\_\_\_ IS NOT a good swimmer \_\_\_\_\_

My child: IS allowed to walk or ride their bicycle to camp \_\_\_\_\_ IS NOT allowed to walk or ride their bicycle to camp \_\_\_\_\_

Does your child have a serious reaction to BEE STINGS? YES \_\_\_\_\_ NO \_\_\_\_\_ Does child have EPI pen? YES \_\_\_\_\_ NO \_\_\_\_\_

**CAMP T-SHIRT ADULT SIZES:** SMALL \_\_\_\_\_ MEDIUM \_\_\_\_\_ LARGE \_\_\_\_\_ X-LARGE \_\_\_\_\_

### Participant #2

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M/F \_\_\_\_\_ DOB \_\_\_\_\_

Grade attending in Fall \_\_\_\_\_ School \_\_\_\_\_

Please list any physical limitations/restrictions that may better service the participant \_\_\_\_\_

My child: IS a good swimmer \_\_\_\_\_ IS NOT a good swimmer \_\_\_\_\_

My child: IS allowed to walk or ride their bicycle to camp \_\_\_\_\_ IS NOT allowed to walk or ride their bicycle to camp \_\_\_\_\_

Does your child have a serious reaction to BEE STINGS? YES \_\_\_\_\_ NO \_\_\_\_\_ Does child have EPI pen? YES \_\_\_\_\_ NO \_\_\_\_\_

**CAMP T-SHIRT ADULT SIZES:** SMALL \_\_\_\_\_ MEDIUM \_\_\_\_\_ LARGE \_\_\_\_\_ X-LARGE \_\_\_\_\_

### Participant #3

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M/F \_\_\_\_\_ DOB \_\_\_\_\_

Grade attending in Fall \_\_\_\_\_ School \_\_\_\_\_

Please list any physical limitations/restrictions that may better service the participant \_\_\_\_\_

My child: IS a good swimmer \_\_\_\_\_ IS NOT a good swimmer \_\_\_\_\_

My child: IS allowed to walk or ride their bicycle to camp \_\_\_\_\_ IS NOT allowed to walk or ride their bicycle to camp \_\_\_\_\_

Does your child have a serious reaction to BEE STINGS? YES \_\_\_\_\_ NO \_\_\_\_\_ Does child have EPI pen? YES \_\_\_\_\_ NO \_\_\_\_\_

**CAMP T-SHIRT ADULT SIZES:** SMALL \_\_\_\_\_ MEDIUM \_\_\_\_\_ LARGE \_\_\_\_\_ X-LARGE \_\_\_\_\_

Is there any other medically related information our staff should know about your child so that he/she can safely participate in the Summer Recreation Program? \_\_\_\_\_

**Do you give permission for your child's photo to be shared on the Recreation Department's web site or newspaper? YES NO**

**DESIGNATE** those adults who have your permission to pick up your child from Summer Rec.

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

### NOTES:

NON-SWIMMERS MUST BE ACCOMPANIED BY A PARENT OR RESPONSIBLE ADULT ON SWIMMING FIELDTRIPS.

ALL BIKERS/ROLLERBLADERS/SKATEBOARDERS MUST WEAR HELMETS.

### PARENTAL PERMISSION AND WAIVER FOR CHILDREN – UNSIGNED WAIVERS WILL BE REJECTED

My son/daughter, as registered above, has my permission to participate in the above named program. I further release, absolve, indemnify and hold harmless the North Hampton Recreation Department staff, and the town of North Hampton, in the event of injury to my son/daughter. In the event of an emergency requiring medical attention, I authorize that necessary medical attention be given to my child by a qualified physician in the event I cannot be reached.

Signature of ParentGuardian \_\_\_\_\_ Date \_\_\_\_\_